

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		3				
5		4				
6		21				
7		13				
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	1	←	1	←	1	←
TOTAL CLAIMS	1	1	1	1	1	1

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	1	←	1	←	1	←
TOTAL CLAIMS	1	1	1	1	1	1

BEST AVAILABLE COPY